

Health Department, City of Baltimore.

Permit No. *1800*

Office of Registrar of Vital Statistics.

Ward *2^{1/2}*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *28th July 1888*

Full Name of Deceased, *Georg Witkowski*

Sex, Male or Female, *Male*

Age, *10* Years, *10* Months, *0* Days.

Color, *white*

Married, Single, Widow or Widower, *Single*

Occupation,

Birth Place, *Baltimore City*

Duration of Residence in the City of Baltimore, *during lifetime*

Place of Death, *727 A. Trunks 240 (old)*

Cause of Death, *Scarlet fever*
Complications

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's Church*

Date of Burial, *July 29 88*

Undertaker, *Julius Witkowski*

Place of Business, *1832 O. Avenue*

William H. Haxel M. D.

Address, *P. Wolpert 318*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

180/

Office of Registrar of Vital Statistics.

Ward

2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 28th July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Josiak

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, 28 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), } Cholera Infantum
{ Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, July 28 87

{ Undertaker, Felix Broskowski

{ Place of Business, 1732 Olney Address,

William Hessel M. D.

Medical Attendant.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1802 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, James Chester Kirk { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, 2127 Division St { Give Street and Number. }

Cause of Death, Gastro-enteritis. { First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 31st 1887

Undertaker, John J. Andrews

Place of Business, No 39 N. Paca St Address, Penna Ave + Robert St

Medical Attendant, W. Ricker M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. *A-13* Office of Registrar of Vital Statistics. Ward *6*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28*

Full Name of Deceased, *Karl Augustus Campher*

Sex, *Male* or Female, *Male*

Age, *3* Years, *3* Months, *0* Days.

Color, *Col.*

Married, Single, Widow or Widower, *Single*

Occupation, *none*

Birth Place, *Balt.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *1011 N. Durham St*

Cause of Death, *Marasmus*

Duration of Last Sickness, *2 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laure Cemetery*

Date of Burial, *July 29*

Undertaker, *W W Madden*

Place of Business, *446 East St*

Address, *1437 Nelson St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1804 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 29 "1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

August Metzger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md
During Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

127 E. Randall

Cause of Death, { First (Primary), Second (Immediate), }

Inanition

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 30 1887

{ Undertaker, Bernard Harle

{ Place of Business, 115 West St.

C. A. Cooke M. D.

Medical Attendant.

Address, 104 Fort an

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. A-1805 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1884

Full Name of Deceased, { Write legibly and spell correctly ~~if~~ an Infant }
{ not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line. }

Age, 69 Years, 5 Months, 24 Days

Color, white

Married, ~~Single~~, Widow or Widower, { Cross out the words not
required in this line.

Occupation, Land

Birth Place, { State or country, and how
long in the United States,
(if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and }
 Number. }

Causes of Death { First (Primary),

Cause of Death, } Second (Immediate),

Duration of Last Sickness, Some months -

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *July 31 / 1887*

(Undertaker, H. W. Jenkins & Sons

Place of Business. 201 W. Saratoga St.

John A. Rivers M. D.
Medical Attendant.

Medical Attendant

Place of Business, 301 N. Saratoga St. Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1806 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, May, Clara Cox { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 49 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, Widow { Cross out the words not required in this line. }

Occupation, Dressmaker

Birth Place, New York { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, 419 N. Charles St. { Give Street and Number. }

Cause of Death, Diabetes { First (Primary), Second (Immediate). }

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, 29th July 1887

{ Undertaker, H. W. Jenkins & Sons } Thomas Shearer M. D. Medical Attendant.

{ Place of Business, Park & Saratoga } Address, 345 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1807

Office of Registrar of Vital Statistics.

Ward 5th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, July 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Turpin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years,

Color, White Months,

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 516 N High St

Cause of Death, { First (Primary). Second (Immediate). } Cerebro Spinal Meningitis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, North Gate

Date of Burial, July 29 1887

Undertaker, J. P. Byrne

Place of Business, 302 N Bay

E. G. Baldwin

M. D.

Medical Attendant.

Address, 304 N Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 1808

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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Ward 19

CERTIFICATE OF DEATH.

Date of Death, July 28th 1887

Full Name of Deceased, Elwood Siedt

Sex, Male or Female, Male

Age, 11 Years, White Color, White

Married, Single, Widow or Widower, Single

Occupation, all life

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, 306 N. Mount St Baltimore Md

Cause of Death, Cholera Infantum with Brain Complication

Duration of Last Sickness, under my care 24 hours

Place of Burial, London Park Cemetery

Date of Burial, July 29 87

Undertaker, Levy & Milatich

Place of Business, 120 N. Mayland

Address, 316 North Tucker St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 1809 Office of Registrar of Vital Statistics. Ward

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1888 (Connolly)
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Connolly
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 13 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give Street and Number. } 915 Grovel St
Cause of Death, { First (Primary), Cholera infantum
Second (Immediate), Exhaustion
Duration of Last Sickness, 1 or 2 weeks
All the above information should be furnished by the Physician.
Place of Burial, St Patricks
Date of Burial, July 29th
{ Undertaker, H. C. Wiedefeld } George R. Rogers M. D.
Place of Business, 916 Green Mt Address, 711 W Calvert
an

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]